

**SECTION 3 – INCIDENT MANAGEMENT COORDINATOR REVIEW**

**ACTIONS TAKEN:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **AM PM**

**SECTION 4 – MEDICAL/INJURY ASSESSMENT/TREATMENT**

**DESCRIBE ASSESSMENT/TX GIVEN:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

☐ X-ray ☐ Abdominal Thrust ☐ CPR ☐ Hospital Emergency Room ☐ Hospitalization-Medical ☐ Hospitalization – Psychiatric

**SIGNATURE:** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **AM PM**

**INJURY SEVERITY CODE** (Circle Correct Number)  
 1. No Apparent Injury 2. Minor Injury (1<sup>st</sup> aid) 3. Serious Injury (suture/fracture) 4. Severe Injury (hosp. admission)

TYPE OF INJURY		CAUSE OF INJURY	
PRIMARY CODE <input type="checkbox"/>	SECONDARY CODE <input type="checkbox"/>	PRIMARY CODE <input type="checkbox"/>	SECONDARY CODE <input type="checkbox"/>
1. Abrasion/Scrape/Scratch	13. Infection	1. Animal	14. Heat/Cold
2. Airway Obstruction	14. Lesion	2. Bumped/Stubbed	15. Hit/Slap
3. Allergic Reaction	15. Loss of Consciousness	3. Chemical Burn	16. Human Bite/Scratch
4. Bite/Sting	16. Puncture	4. Choke on Food Object	17. Ingestion
5. Burn/Blister	18. Reddened Area	5. Drug/Alcohol Use	18. Insect
6. Bruise/Contusion	19. Soft Tissue Swelling	6. Environmental Hazard	19. Kick
7. Concussion	20. Sprain	7. Equipment Problem	20. Medication Error
8. Cut/Laceration	21. Strain	8. Escort	21. Medication Use
9. Cut/Laceration w/sutures	22. STD	9. Fall/Slip/Trip	22. Pinched
10. Dislocation	23. Sunburn	10. Food/Drink	23. Provoked
11. Fracture	24. Frostbite	11. Grab/Hold	24. Push/Shove
12. Hematoma	25. Other	12. Hair Pull	25. Restraint, Chemical
		13. Head Bang	26. Restraint, Manual
			27. Restraint, Mechanical
			28. Rub/Friction
			29. Self-Injurious Behavior
			30. Sexual Trauma/Injury
			31. Sharp Object
			32. Thrown Object
			33. Twisting
			34. Vehicle Accident
			35. Undetermined
			36. Other

**SECTION 5 – NOTIFICATION**

**Notification Codes:** 1 Phone 2 Fax 3 E-mail 4 Mail 5 Personal Contact

	Date	Time	Contacted By	N. Code
<input type="checkbox"/> Case Manager _____		AM PM		
<input type="checkbox"/> QIS _____		AM PM		
<input type="checkbox"/> Family/Legal Guardian _____		AM PM		
<input type="checkbox"/> APS/CPS _____		AM PM		
<input type="checkbox"/> Other _____		AM PM		
<input type="checkbox"/> Other _____		AM PM		
<input type="checkbox"/> Other _____		AM PM		
<input type="checkbox"/> Other _____		AM PM		

**SECTION 6 – INCIDENT REVIEW COMMITTEE**

**ACTIONS TAKEN:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **AM PM**

**SECTION 7 – INVESTIGATION**

**Investigator:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_  
**Date Opened:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **AM PM**  
**Date Closed:** \_\_\_\_\_